

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Number U- <u>4317</u>	2. Fiscal Year Covered From: <u>10/1/04</u> Through <u>12/31/04</u>
Name and address of person filing. Name <u>John W. Benz</u>	4. Name, file number, and address of labor organization. Name <u>INT'L Boilermakers Local One</u> Labor Organization File Number <u>005986</u>
1. Box, Bldg., Room No., if any <u>2941 S. Archer</u>	P.O. Box, Building and Room Number, if any <u>2941 S. Archer</u>
Street <u>2941 S. Archer</u>	Street <u>2941 S. Archer</u>
City <u>Chicago</u>	City <u>Chicago</u>
State <u>IL</u> ZIP Code + 4 <u>60608</u>	State <u>Illinois</u> ZIP Code + 4 <u>60608</u>
Position in labor organization. <u>PRESIDENT / Bus. Agent</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the Instructions):

Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

Name and address of Employer (including trade name, if any).

Name International Brotherhood of Boilermakers

Trade Name, if any None

P.O. Box, Bldg., Room No., if any 2941 S. Archer

Street 2941 S. Archer

City Chicago

State IL ZIP Code + 4 60608

7.a. Nature of interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On 8-10-05 Date 773 247 5225 Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business; or of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name: _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street: _____

City: _____

State: _____ ZIP Code + 4: _____

9. Business deals with:

a. Labor Organization

 b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: GREAT LAKES APPRENTICESHIP

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street: 5666 W 95TH STCity: OAK LAWNState: IL ZIP Code + 4: 60453

11.a. Nature of such dealing.

SUPPLY APPRENTICES SCHOOLING,
BOOKS AND TESTS

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

GRADUATE GREAT LAKES APPRENTICE
DINNER, DICK & CONTEST WINNER
OWNERS, LOCAL UNIONS, CONTRACTOR
IN ATTENDANCE JUNE 2004

12.b. Amount.

\$8.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name: _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street: _____

City: _____

State: _____ ZIP Code + 4: _____

14.a. Nature of payment.

13.b. Is the Business an Employer? _____ or Consultant? _____ ?	14.b. Amount of payment.
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LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

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For Official Use Only
FSA



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: U-	2. Fiscal Year Covered From: <u>10/1/04</u> Through: <u>12/31/04</u>
3. Name and address of person filing. Name: <u>John W. Benz</u>	4. Name, file number, and address of labor organization. Name: <u>INT'L Boilermakers Local ONE</u> Labor Organization File Number: <u>005986</u>
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street: <u>2941 S. Archer</u>	Street: <u>2941 S. Archer</u>
City: <u>Chicago</u>	City: <u>Chicago</u>
State: <u>IL</u> ZIP Code + 4: <u>60608</u>	State: <u>IL</u> ZIP Code + 4: <u>60608</u>
5. Position in labor organization. <u>PRESIDENT / Bus. Agent</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name: <u>John W. Benz</u>	7.a. Nature of Interest, Transaction, or Income. <u>Employer of my wife</u>
Trade Name, if any: <u></u>	
P.O. Box, Bldg., Room No., if any	
Street: <u></u>	
City: <u></u>	
State: <u></u> ZIP Code + 4: <u></u>	
7.b. Amount.	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On 8-10-05 Date 773-247-5225 Telephone Number

Name of Person Filing

John W. Benz

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1), a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State [] ZIP Code + 4 []

9. Business deals with:

a. Labor Organization

 b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name [] IGB LOCAL #1 TRUST FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City [] St. Charles

State [] IL ZIP Code + 4 [] 60174

11.a. Nature of such dealing.

TRUSTEE FOR S.M.B., TRAINING AND EDUCATION, LEGAL

11.b. Approximate dollar value of such dealing.

8,000.00

12.a. Nature of interest held or income received.

MEETING RM AND LUNCH AT
quarterly meeting
11 people in attendance NOV, 2004

12.b. Amount.

992.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name []

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State [] ZIP Code + 4 []

14.a. Nature of payment.

13.b. Is the Business an Employer [] or Consultant [] ?

14.b. Amount of payment.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U-

2. Fiscal Year Covered From:

1/1/04 Through 12/31/04

3. Name and address of person filing.

Name John W. Benz

4. Name, file number, and address of labor organization.

Name INT'L Boilermakers Local ONE

Labor Organization File Number 005-986

P.O. Box, Bldg., Room No., if any

P.O. Box, Building and Room Number, if any

Street 2941 S. ARCHER

Street 2941 S. ARCHER

City CHICAGO

City Chicago

State IL ZIP Code + 4 60608

State Illinois ZIP Code + 4 60608

5. Position in labor organization.

PRESIDENT / Bus. Agent

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name John W. Benz

7.a. Nature of Interest, Transaction, or Income.

Trade Name, if any

John W. Benz

P.O. Box, Bldg., Room No., if any

Street 2941 S. ARCHER

7.b. Amount.

City CHICAGO

\$0.00

State IL ZIP Code + 4 60608

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

John W. Benz

on 8-10-05

Date

773-2475225

Telephone Number

8. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street: _____

City: _____

State: _____ ZIP Code + 4: _____

9. Business deals with:

- a. Labor Organization
- b. Trust
- c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: **MOS.T.**

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: **Ste. 300**Street: **753 STATE**City: **KANSAS CITY**State: **KANSAS** ZIP Code + 4: **66101**

11.a. Nature of such dealing.

**FUND COM-ARC PROGRAM, DRUG TESTS
AND UPDATE OSHA PROGRAM**

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

**TRIPARTITE MEETINGS
APPROX. 18 people DINNER**

12.b. Amount.

\$50.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name: _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street: _____

City: _____

State: _____ ZIP Code + 4: _____

14.a. Nature of payment.

14.b. Amount of payment.

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1. File Number	2. Fiscal Year Covered From:		
U-	10/1/04 Through 12/31/04		
3. Name and address of person filing.			
Name	John W. Benz		
P.O. Box, Bldg., Room No., if any			
Street	2941 S. Archer		
City	Chicago		
State	IL	ZIP Code + 4	60608
4. Name, file number, and address of labor organization.			
Name	INT'L Boilermakers Local ONE		
Labor Organization File Number	005986		
P.O. Box, Building and Room Number, if any			
Street	2941 S. Archer		
City	Chicago		
State	IL	ZIP Code + 4	60608
5. Position in labor organization.			
President / Bus. Agent			

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	
Name	
Trade Name, if any	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State	ZIP Code + 4
7.a. Nature of interest, Transaction, or Income.	
7.b. Amount.	

Signature

15. Signature and verification. The undersigned declares, under penalty of perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On 8-10-05

Date

773-247-5225

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent; or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name: Legacy Professional LLP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street: 30 NORTH LASALLE ST. STE 4200

City: CHICAGO

State: IL ZIP Code + 4: 60602

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: LEGACY PROFESSIONAL LLP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street:

City:

State: ZIP Code + 4:

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

11.a. Nature of such dealing.

LOCAL ACCOUNTING

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

GOLF AND DRIVING RANGE
AUG 2004

12.b. Amount.

716.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name: LEGACY PROFESSIONAL LLP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street:

City:

State: ZIP Code + 4:

14.a. Nature of payment.

14.b. Amount of payment.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



1. File Number: U- 	2. Fiscal Year Covered From: 10/1/04 Through 12/31/04
3. Name and address of person filing. Name: John W. Benz	4. Name, file number, and address of labor organization. Name: INT'L. BAILIWAKERS LOCAL ONE
P.O. Box, Bldg., Room No., if any	Labor Organization File Number: 005-986
Street: 2941 S. ARCHER	P.O. Box, Building and Room Number, if any
City: CHICAGO	Street: 2941 S. ARCHER
State: IL ZIP Code + 4: 60608	City: Chicago
5. Position in labor organization. PRESIDENT / Bus. Agent	State: Illinois ZIP Code + 4: 60608

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	7.a. Nature of Interest, Transaction, or Income. TRIPLETTE CONS. ON MANPOWER, SAFETY, COMMERCIAL REGULATIONS DIVISION 30 people ATTENDED OCT 2004
6. Name and address of Employer (including trade name, if any). Name: ENCLOR HAYES MECH	7.b. Amount. 75.00
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street: 2160 NORTH ASHLAND	
City: Chicago	
State: IL ZIP Code + 4: 60614	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On **8-10-05** Date **773 247-5205** Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name: _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street: _____

City: _____

State: _____ ZIP Code + 4: _____

9. Business deals with:

- a. Labor Organization
- b. Trust
- c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street: _____

City: _____

State: _____ ZIP Code + 4: _____

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name: _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street: _____

City: _____

State: _____ ZIP Code + 4: _____

14.a. Nature of payment.

14.b. Amount of payment.

13.b. Is the Business an Employer? _____ or Consultant? _____ ?

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U-

2. Fiscal Year Covered From:

12/1/04 Through 12/31/04

3. Name and address of person filing.

Name John W. Benz

P.O. Box, Bldg., Room No., if any

Street 2941 S. ARCHER

City CHICAGO

State IL ZIP Code + 4 60608

4. Name, file number, and address of labor organization.

Name INT'L BOILERMAKERS LOCAL ONE

Labor Organization File Number 005-986

P.O. Box, Building and Room Number, if any

Street 2941 S. ARCHER

City Chicago

State IL ZIP Code + 4 60608

5. Position in labor organization.

PRESIDENT/ BUSINESS AGENT

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name EMCOR Hayes Mech

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street 2160 N. ASHLAND

City Chicago

State IL ZIP Code + 4 60614

7.a. Nature of Interest, Transaction, or Income.

TRIPARTITE CONFERENCE: SAFETY ISSUES, COMMERCIAL AND CHANGES TO THE INDUSTRIAL GOLF. 130 PEOPLE ATTENDED OCT., 2004

7.b. Amount.

75.00

Signature

John W. Benz

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

John W. Benz

on 8-10-05

Date

773 247 5825

Telephone Number

8. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

9. Name and address of Business (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street: City: State: ZIP Code + 4:

9. Business deals with:

- a. Labor Organization
- b. Trust
- c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street: City: State: ZIP Code + 4:

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name: Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street: City: State: ZIP Code + 4:

14.a. Nature of payment.

14.b. Amount of payment.

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EMPLOYEE REPORT

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For Official Use Only

AMES
E 1615086

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: U- 	2. Fiscal Year Covered From: 10/1/04 Through: 12/31/04
3. Name and address of person filing. Name: John W. Benz	4. Name, file number, and address of labor organization. Name: INT'L BOILERMAKERS LOCAL ONE Labor Organization File Number: 005-986
P.O. Box, Bldg., Room No., if any Street: 2941 S. ARCHER City: Chicago State: IL ZIP Code + 4: 60602	P.O. Box, Building and Room Number, if any Street: 2941 S. ARCHER City: Chicago State: IL ZIP Code + 4: 60608
5. Position in labor organization. PRES, PARENT & BOSS AGENT	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employee your organization represents or is actively seeking to represent.	6. Name and address of Employer (including trade name, if any). Name: EMILIO HAYES MECH. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street: 810 N. Ashland City: Chicago State: IL ZIP Code + 4: 60614	7.a. Nature of Interest, Transaction, or Income. TRPARTIE CONS ON MANPOWER, SAFETY CHANGES TO THE INDUSTRY AND CONCERN GOIP 40 people attended OCT. 2004	7.b. Amount. 85.00
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Signature

J. D. Benz

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

J. D. Benz

On 8-10-05 Date Telephone Number 773 247-5225

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State: _____ ZIP Code + 4: _____

9. Business deals with.

- a. Labor Organization
- b. Trust
- c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State: _____ ZIP Code + 4: _____

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State: _____ ZIP Code + 4: _____

14.a. Nature of payment.

14.b. Amount of payment.

13.b. Is the Business an Employer or Consultant ?